



13281 U.S.PTO
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Atty. Dkt. No. 086142-0645

15364 U.S.PTO
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Toshiko KOBATA
Title: SEAT-LOAD MEASURING APPARATUS
Appl. No.: Unassigned
Filing Date: 3/4/2004
Examiner: Unassigned
Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Toshihiko KOBATA

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (2 pages).
- [X] Specification, Claim(s), and Abstract (29 pages).
- [X] Formal drawings (10 sheets, Figures 1-2, 3(A)-3(B), 4, 5(A)-5(B), 6(A)-6(B), 7(A)-7(B), 8(A)-8(D), 9, 10(A)-10(C)).

1321
US.PTO
030404

Atty. Dkt. No. 086142-0645

- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment Recordation Cover Sheet (1 page).
- [X] Assignment of the invention to TAKATA CORPORATION (2 pages).
- [X] Claim for Convention Priority and 1 Priority Document.
- [X] Information Disclosure Statement (3 pages).
- [X] Form PTO/SB/08 listing 2 References, Submitting 1 Reference.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	10	- 20 = 0	x	\$18.00	= \$0.00
Independents	1	- 3 = 0	x	\$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
[]		Small Entity Fees Apply (subtract ½ of above):			= \$0.00
				TOTAL FILING FEE:	= \$770.00
Assignment Recordation Fee:			+	\$40.00	= \$40.00
TOTAL FEE					= \$810.00

- [X] A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated,

otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By *Michael D. Kaminski* Reg. No. 35,264
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Date: March 4, 2004

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